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LABATT
ON
RESTRAINT IN INSANITY



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AN ESSAY

ON THE

USE AND ABUSE OF RESTRAINT IN THE MANAGEMENT OF THE INSANE:

BY

HAMILTON LABATT, A.B. T.C.D.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND, ETC.

Opinions of the Press.

Quarterly Journal of Psychological Medicine and Mental Pathology.

“Among the various publications which have recently appeared, bearing upon so interesting a subject as the treatment of lunatics without restraint, we have selected the one whose title is placed at the head of this article. The volume, although of small dimensions, we have chosen from the circumstance of its being an advocate of the doctrine of non-restraint, and one which deserves perusal. In the treatise before us there are undoubtedly many interesting statements, illustrated by data both original and derived from other sources; at the same time that several of the conclusions enunciated by the author are judicious, and fully borne out by the premises he has brought forward.”

British and Foreign Medico-Chirurgical Quarterly Review.

“Showing a proper discrimination with regard to the true value of the non-restraint system.”

Dublin Medical Press.

“The question discussed in Mr. Labatt's Essay is one of the most important connected with the management of the insane, and perhaps more intimately associated with the well-being of this unfortunate class, and has

a greater influence upon the chances of recovery, than perhaps any other in the whole range of treatment. The author of the essay before us is a strenuous advocate for non-restraint in the treatment of the insane. The length of our extracts affords sufficient proof of the importance we attach to the subject. The author has adduced a number of important facts bearing on the superiority of the non-restraint system. The essay abounds in sentiments which do credit to the heart and feelings of the writer; and the zeal and activity which it displays for the improvement of the condition of the unhappy lunatic are deserving of every praise."

Monthly Journal and Retrospect of Medical Sciences.

"We would remark that, with the admission incidentally made by Mr Labatt, that personal restraint may be admitted in some cases to facilitate treatment, few will be found who will combat with the rest of his essay."

Dublin Evening Mail.

"Mr. Labatt is a zealous advocate of the non-restraint system in the treatment of the insane, and truly his views are fully justified. That the case of non-restraint *versus* restraint has been satisfactorily decided in favor of the former, is, we think, fully proved in his essay."

Dublin Evening Packet.

"This highly interesting and instructive essay, as peculiar for the vigour of its style as the clearness and perspicuity with which its views are put before the reader, will prove as acceptable to the legal as the medical profession, comprehending as it does much useful information on the question of Insanity."

Agriculturist's Gazette.

"On the whole we consider the work before us of exceeding merit. The extensive research it displays, and the desire it evinces throughout to enlist a humane and philanthropic interest in behalf of the unfortunate creatures it refers to, must and will, we trust, succeed in giving a stimulus to the reaction which is in progress for the furtherance of a most ennobling object—the relief of suffering humanity."

AN ESSAY
ON THE
USE AND ABUSE OF RESTRAINT
IN THE
MANAGEMENT OF THE INSANE,
INCLUDING
SOME REMARKS ON THE ORIGIN AND NATURE OF THEIR
DISEASE :

WITH COPIOUS NOTES.

BY

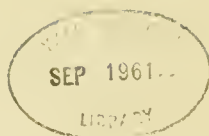
HAMILTON LABATT, A.B. T.C.D.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS, IRELAND; DEMONSTRATOR OF ANATOMY AT THAT
COLLEGE; AND MEDICAL OFFICER TO THE SOUTH EASTERN
GENERAL DISPENSARY, DUBLIN.

"Read not to contradict and confute, nor to believe and take for granted, nor to find talk and
discourse, but to weigh and consider."—*Bacon*.

HODGES AND SMITH, DUBLIN ;
LONGMAN AND COMPANY, AND SIMPKINS AND MARSHALL,
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1847.



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DUBLIN: PRINTED BY WEBB AND CHAPMAN,
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TO
WILLIAM LAWRENCE, F.R.S.

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, LONDON;
SURGEON EXTRAORDINARY TO THE QUEEN; SURGEON TO SAINT BARTHOLOMEW'S HOSPITAL;
SURGEON TO BETHLEM AND BRIDEWELL HOSPITALS,
ETC. ETC.

Dublin, 1, Upper Fitzwilliam-street.

MY DEAR MR. LAWRENCE,

The distinction you have so kindly conferred on this Essay requires the warmest expression of gratitude on my part.

In now presenting a very inadequate tribute to intellectual attainments of the highest order, permit me also to record my unalterable sense of the many personal kindnesses, as well as professional advantages, derived from you during my residence in London; and for which I beg to tender my sincere and lasting acknowledgments.

Believe me,

My dear Mr. Lawrence,

With every sentiment of respect and esteem,

Yours ever faithfully,

HAMILTON LAURET.

P R E F A C E .

In consequence of facts which transpired during the late important discussions at the College of Surgeons in Ireland, both in council and at the last annual meeting, as to the validity of the adjudication of the Sugden Prize, the author has been induced, with the advice and concurrence of some professional friends, to submit the following pages to the public.

The discussions referred to were consequent on a series of letters addressed by the author to the President of the College, embodying certain objections of a serious character ; and vitally affecting, as was alleged, the eligibility, or “ qualification ” of the writer of the selected essay, “ to be even considered by the committee ” appointed to adjudicate the Prize.

From the letters, which were moved for and

granted at the annual meeting,* it appeared that the objections were founded,

Firstly, on the fact of a section of the adjudicating committee not having voted ; thereby rendering the constitution of the final tribunal fractional or imperfect, as appears from the printed Annual Report brought up by the Council to the College on the 7th of June last.

Secondly, on the circumstance of the candidate whose essay was selected, having disclosed his name, by making "a communication"† to one of the adjudicating body, *previous* to the final decision ; which was also reported in the same official document, and further corroborated by a public reply‡ given to one of the Fellows to that effect, at the annual meeting, by the gentleman who received the "communication."

Months have now elapsed since that meeting, and the circulation of the printed Annual Report ; yet no explanation touching this extraordinary affair has

* This meeting was attended by seventy-three Fellows.

† Annual Report of Council.

‡ The question that elicited this reply was put, as an act of justice to the other candidates ; as the Annual Report merely stated that the "communication" was sent by "one of the candidates for the prize," the name being omitted, by some oversight we presume, from that official document.

emanated, either in a public or official form, from the gentleman against whom the charge has been preferred and substantiated before the assembled College !

In this simple statement of facts, which is only due to the other candidates, the author has but one motive. He seeks to place in a clear and intelligible light, the precise position occupied by the writer of the selected Essay, *previous* to the final adjudication, in relation to his competitors ; who, in submitting their manuscripts with fictitious signatures, meditated no delusion ; but rather conceived they were giving the first or initiative guarantee, on their respective parts, for the honorable fulfilment of that mutual compact, enjoining secrecy as to authorship, which the spirit of the first advertisement from the College obviously dictated ; and with the intention, be it recollected, of rendering the final decision as pure, unalloyed, and unexceptionable as possible.

But it would be unjust and ungenerous, to neglect so legitimate an opportunity to acknowledge the high and independent course pursued by those influential members of the Council, who, when the facts were clearly before them, did not hesitate to admit, in open College, the errors which had been committed ; and

also explicitly to state, that such involved an absolute disqualification of the candidate.

In this powerful demonstration (it cannot be designated otherwise) consisted the highest vindication of justice that could possibly have been calculated on by the aggrieved parties ; and well may the College congratulate itself on the significant and vigorous manifestation of spirit and determination which, to the honour and credit of our body be it stated, has been evinced to discountenance such means of superseding fair and unimpeachable competition.

The cause, then, for the publication of this Essay* is at once declared. Under other circumstances, it might probably have rested in that oblivion, to which the selected manuscript has been hitherto unfortunately consigned. And much, indeed, is it to be regretted, that the object originally contemplated by the learned founder of the Prize, should be frustrated by the non-appearance of that Essay ;—a production which, if published, would have afforded an opportunity for canvassing arguments designed to uphold physical restraint as a remedial agent in insane cases.

* It must be borne in mind that the original manuscript was written in 1846.

And, on this account, the author entertains peculiar reasons for anxiety ; inasmuch as opinions directly at variance with the views put forward in that manuscript are advocated in the following pages.

This duty being disposed of, the author has now to record his sincere acknowledgments for the very liberal and kind indulgence afforded by his esteemed friends, Dr. Mollan and the late lamented Surgeon Blood, in having given him free permission to accompany them during their visits to the institution committed to their charge,* where such ample opportunities were presented for prosecuting the subject of the following investigations.

* In consequence of the contiguity of this institution, as also the (then so called,) lunatic department or cells of the House of Industry, to the Richmond Surgical Hospital, where the author pursued his earliest professional studies for a period exceeding five years, he had abundant opportunities of visiting a large class of insane patients during his apprenticeship.

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ESSAY.

To the System of cruel and unmitigated Restraint, recorded as part of the treatment formerly adopted in Lunatic Asylums, we may attribute that reaction in public opinion, which has happily terminated in the very rapid, and almost universal revolution in the management of the insane. And when, on visiting one of our well-regulated Institutions for the reception of these poor creatures, so deserving of our sympathy and care ; and remarking the unwearied attention paid to their comforts and wants,—indeed, in many cases, the almost parental anxiety evinced towards them, by those privileged to dispense such invaluable offices,—we cannot, on noting the result, but entertain a feeling of incredulity and amazement, that a method so opposite in its character, and so revolting to humanity, should for a moment have been sanctioned, not only by the ignorant attendant

and official, but by the weight and authority of the learning and experience of the day.*

To enter on any lengthened detail of the barbarities alluded to, would lead us beyond the limits prescribed for this Essay. They are open for the perusal of him who would seek for melancholy instances of man, degraded—brutalized by his fellow-man; of madness exasperated—confirmed by the lash, the chain,† and all manner of contrivances calculated to harass and extinguish the remaining spark of our noblest attribute; and, lastly, (for we must receive what is authoritatively handed down to us,

* Of the truth of this, the writings of Cullen, formerly Professor of Physic in the University of Edinburgh, and one of the most experienced and accomplished physicians of the day, afford us melancholy evidence. Alluding to the treatment of insanity, he states:—"In most cases it has appeared to be necessary to employ a very constant impression of fear; and therefore to inspire them with the awe and dread of some particular persons, especially of those who are to be constantly near them. This awe and dread is therefore, by one means or other, to be acquired; in the first place, by their being authors of all the restraints that may be occasionally proper; but sometimes it may be necessary to acquire it even by stripes and blows. The former, although having the appearance of more severity, are much safer than strokes or blows about the head."—Works of William Cullen, edited by J. Thompson, p. 524, vol. 2.

Delarive of Geneva, in a celebrated letter addressed to the editors of the British Library in 1798, alluding to the evils then existing in our asylums, observes, "that one would think madmen were employed to torture madmen."

† Mr. Rogers relates cases of the legs and wrists of patients being dreadfully lacerated from being improperly confined. And Mr. Tuke mentions a male patient, who was brought to the York Retreat, chained and in a state of frantic excitement, and in order that the chains might not be removed for a moment, it had been managed that his clothes could be taken off without interfering with them! On his admission, all restraint was instantly taken off, and under the mild system pursued in that institution, he was restored in a month.

horrible as the consummation of wickedness may have been) of the violation of all that is most dear to the possessor ; and which the condition alone of the poor maniac ought to have rendered doubly sacred in the eyes of those around her* : but, without reference to, or consideration of the limits we must observe, such a detail would, we feel assured, be unnecessary ; as public opinion and the progressive march of knowledge have already pronounced a verdict, which alone is sufficient to seal the condemnation of so monstrous a system.†

At the same time, we must not dismiss this part of our subject without some further notice. Such a course would be unsatisfactory to ourselves, as well as calculated to expose us, in the estimation of those who are probably ignorant of the facts, to the imputation of undue exaggeration in what we have stated ; and naturally so, for who could credit that in a christian country, and within the present century, scenes so horrifying and fiendish in their character

* “A Statement of the Cruelties, Abuses and Frauds which are practised in Madhouses,” by J. S. Rogers, Surgeon, London, and dedicated to the Right Honorable George Rose (1815).

† Dr. Connolly, in his admirable lectures published in last year's *Lancet*, thus speaks of the effects of the atrocities alluded to :—“The patient's state is made worse by what he feels to be an injury and an outrage ; and it was by patients thus fastened, that the cries and howlings were uttered, which those who used to pass the walls of the ancient Bedlam have described as making night hideous. The patient can scarcely use his limbs, and he therefore shouts or sings with all his might ; and he vents the bitterest execrations on all who come near him ; for he feels that they come as tormentors, not as friends.”

could have taken place, had we not eye-witnesses to bear testimony to the atrocities which, it is sad to reflect, disgraced our land at so recent a period? Some of these facts are so replete with moral turpitude, and so revolting to all delicacy, that we cannot allow ourselves to be accessory to the revival of them here, further than mentioning the author who has recorded them. There are, however, others which we shall bring forward, being anxious to elucidate the system of degradation from which we have been relieved, as well as to set forth the immeasurable debt which is due to those who achieved the revolution.

In order to present a specimen of the description of persons sometimes engaged in the management of madhouses at that period, we cannot do better than relate a circumstance which came to the knowledge of Mr. Rogers, who was an eye-witness, and whose fortune it was "to be placed in a situation that gave an opportunity of ascertaining the cruelties" practised by "certain licensed ruffians," as he styles them:—

A person, who had been long acting a conspicuous part in these scenes, began his career in life as a porter at the gate of a private madhouse, and soon after became keeper, when he was initiated into the proceedings of this dark asylum. In due time he was admitted into a share in the concern, having previously married the housemaid. By means easily to be conceived, he engaged the master of a public institution to recommend patients to his house. The son and daughter

of these two worthies intermarried, and the former having been brought up as an apothecary, added in no small degree to the gains of his family.* The salary of the master alluded to, together with that of his wife, amounted to about £150 per annum, and he has accumulated a fortune of at least thirty thousand pounds. It would be affronting common sense," adds Mr. Rogers, "to make this fact a subject of comment."

From such and other evidence, it would appear to have been literally a system of the vilest and most abominable traffic in human miseries. We learn that it was customary for the friends of the insane at first to apply to the master of some public asylum, who, if his house happened to be full, as was too often the case, would recommend to them some private house, for which patronage he has been known to get a douceur of £500 ! The fruitful resources for wholesale robbery and imposition were sufficiently productive, to allow of this voluntary tax on the part of the masters of these private dens of wickedness ; for it appears that whatever stock of wine, and other expensive articles of diet, was ordered, was largely paid for, but seldom enjoyed by the patient ; and notwithstanding a most liberal supply of clothing, he was

* "Medicine," says Mr. Rogers, "is always poured in by the apothecary in such quantity, that it commonly exceeds in charge the bill for board." Bad as this may have been, we shall presently see that it was very insignificant indeed, compared with the atrocious cruelty of the medical attendant.

generally kept in the barest state, except when visited by his friends, when he was reported to be "a great destroyer of his apparel." Another stock was then sent in, which, like the first, was given to those whom the master was paid for providing. In fact, to use the words of a writer already referred to, "so enormous was the expense incurred, that in the end the friends became tired, and the poor sufferer was removed to an underground cellar, where he ended his miserable existence."* Hence occurred heart-rending scenes, such as the following :—

"One afternoon in November," writes Mr. Rogers, "a very severe day, at a very early hour, about three o'clock, I observed several wretched females lying three together, in a crib calculated for one person only, and actually in a state of nakedness, a piece of worn carpet being thrown over them. On enquiring into the cause of the cruelty, the female keeper told me that she was obliged to put them to bed so soon, because they had but one shift, which she must wash against the morning!"

"Another time," he says, "I noticed a woman in a similar situation, and the following morning I saw her dead in her crib!"

Such was the condition in which those wretched creatures often closed their sufferings, seldom perhaps breathing the open air; except when *whipped*

* Rogers' statement.

out of bed, probably by some female accomplice, and forced to the pump to be mopped down,* by the direction of a savage keeper; to whose mercy an entire establishment has frequently been left for months, without once undergoing the inspection of the master.

But whilst we shudder at the thought of this atrocious system, and the blood runs cold on perusing its horrible records, must not our indignation be turned to other quarters also, where the most criminal apathy and neglect, amounting almost to connivance, must have existed, to have allowed of the continued perpetration of such abominable wickedness? We can but too easily imagine how the friendless wanderer may travel through a long series of misery and wrongs, almost unseen and unheard of; and when the sorrowful journey has at length been accomplished, every voice may still remain as silent on his sufferings as the grave which has received him. Unhappily, we fear, such is often so; but when we read of "gentlemen" of high rank, who must have had friends, and, in another place, of "a lady," who must have had some relative or protector, tortured—persecuted absolutely to death; we cannot but ask where were they whose duty it was to have watched and interfered, when they witnessed the awful devastation exhibited in, perhaps, a parent or a relative, whose shattered

* Mr. Rogers has known this barbarous operation to be adopted at the harshest period of winter, when the snow was on the ground!

frame presented an appalling wreck of misery and ruin ?

Before leaving these sad reflections, and passing to a more agreeable portion of our task, we shall transfer a few cases from Mr. Rogers' pamphlet, without offering any further comment, which might only weaken the descriptions we are about to present:—

“A young married lady was taken to a house in the vicinity of London, in good bodily health. After a time, her friends, dissatisfied with her appearance, removed her to another house. There, however, she deteriorated still more strikingly, and they again placed her *in the former house*, where she soon died in great misery. Her teeth were completely loosened by the brutal manner of forcing the food, and several were displaced ; her gums were putrid, and her whole appearance demonstrated extreme ill-treatment.”

“A gentleman, who was confined in a room by himself, refusing to take food, the keeper proceeded to force him, and in so doing used such violence that the patient called loudly for assistance, saying ‘For God’s sake, come and help me, or I shall be murdered ;’ but this exclamation, though it was distinctly heard by both master and mistress, was not attended to. The noise ceased, and the keeper presently came to acquaint his master, that while forcing the gentleman, he went off in a fit !”*

* “In these cases,” says Mr. Rogers, “a note is dispatched to the friends, and the body taken away without further enquiry !”

"I have seen gentlemen secured in a chair, their hands and feet manacled, in which situation, on a slight murmur, they have been struck with the clenched fist of a brawny villain, till the blood gushed from different parts of their faces. Another patient, under similar circumstances, was deprived of the sight of an eye by a blow !"*

"I have known a gentleman who mixed in the first ranks of society, and who held high situations in the army and navy, kicked and beaten by his brutal keepers, and confined in a cell unfit for the habitation of any human being."

"A patient, for some trifling refractory airs, was frequently lashed on the bare back with a knotted cord, by a keeper assisted by another ruffian similarly armed, in so merciless a manner, that it is impossible he should have escaped the most serious injury. The patient died shortly after, and no doubt can be entertained that his death was accelerated by ill-treatment."

"A patient for whom a bath had been ordered, on his first emersion called out, 'Serve up dinner for Lord ——.' The keepers cried, 'Oh damn you ! Are you at that sport ? we'll soon cure you.' He repeated the exclamation several times, and was as often thrown in until he was nearly drowned !"†

The frank tone of honesty with which the above

* "This," states the author, "was a daily and unreprieved practice."

† "Upon my remonstrating in this case," states Mr. Rogers, "the medical attendant said it was 'good fun !'"

and other details are given, strengthen their authenticity in no slight degree. The author, naturally enough dreading the consequence which an exposure of names might bring on an humble private individual, and at the same time evidently hesitating as to the course of *duty*, thus reasons : "It behoved me to consider, whether my individual testimony would have sufficient weight with the public mind, to turn the balance against the false witnesses which great wealth, unchecked by any sense of religious or moral obligation, would, I well knew, bring against me."*

But this revolting system was not confined to our own country. Similar atrocities were committed on the Continent, where, it would appear, a species of public countenance and support was afforded to them, by those who could only be interested in perpetuating so melancholy a state of things, by the desire to gratify an appetite for all that was fiendish and inhuman. We have it, on authority not to be doubted, that in many of the continental institutions, the lunatics were confined in cages, through the bars of which food and straw were thrust in ; and, in this condition, they were publicly exhibited to visitors who paid a certain sum to see them as wild beasts !†

Hitherto, our observations have been confined to

* Although Mr. Rogers does not mention the houses where these atrocities took place, he distinctly states the following in his work. "I will most gladly communicate with those who happily may have both the will and the power to aid effectually in putting a stop to the atrocities I shall expose."

† Chambers' Edinburgh Journal, No. 307.

those barbarities which constitute the extreme abuse of bodily restraint and punishment. We have not made any allusion to that milder form of coercion which shall now occupy our attention, and which, at the present period, is practised and upheld by those whose high motives of humanity are beyond cavil or doubt. Nevertheless we entertain a sanguine hope, (and we are far from any desire to disparage the efforts of these distinguished individuals,) that even this system will yet be totally expunged from our treatment ; and will merely be recorded in the annals of a more enlightened period of that history which we have been dwelling on.

Let it not be supposed that in thus candidly expressing our views, we think lightly of the arguments adduced by the present supporters of bodily restraint. Far from it ; opinions emanating from such a source deserve the utmost attention and respect ; but we are to bear in mind that if such be found, on further enquiry, to be erroneous, it the more behoves us to expose their fallacy ; as the higher the authority may be from which any mistaken notions proceed, the more general will be their adoption, and consequently, the more extensive the evils resulting therefrom. Bearing in mind, then, the magnitude of the subject proposed for discussion by the learned and enlightened originator* of this Essay, whose high and

* Sir Edward Sugden.

benevolent purpose cannot be too highly commended, and fully impressed with the importance it assumes in connexion with the happiness or otherwise of so many of our fellow-creatures, we shall not hesitate to canvass freely the opinions of others ; whilst, at the same time, we shall give an unreserved statement of the conclusions which our own personal observation and research have led us to, “ on the use and abuse of restraint in the management of the Insane.”

Before doing so, it may not be irrelevant briefly to glance at the labours of one, whose untiring energy and perseverance contributed so largely towards the reformation we have referred to. We allude to the late Mr. William Tuke, who, in the year 1792, called the attention of the Society of Friends to the enormities then prevailing in the system of Lunatic Asylums,* urging at the same time the necessity of some speedy remedy. The sad occurrence which roused the attention of that distinguished philanthropist is peculiarly interesting ; not only in connexion with the history of our subject, but also as strongly

* From the statistical information connected with this period, as given by the late M. Esquirol in the *Dictionnaire des Sciences Medicales*, we can collect the very unfavourable condition of the English Asylums, in which the proportion of cures appeared for the most part to be *less* than in the French Institutions ; although in some of the former, Bethlem and St. Luke's for example, patients who were more than twelve months insane, or who were subject to paralysis, epilepsy, or convulsions, were rejected. Whereas, since the system of treatment has been altered, the preponderance has been in favor of the English asylums.

corroborative of the fact that a pernicious system often cures itself.

“ A respectable female of the Society of Friends was placed at an establishment for the reception of insane persons near York, and her family residing at a considerable distance, requested some of their acquaintance to visit her. This visit was refused on the grounds of the patient not being in a suitable state to be seen by strangers: in a few weeks she died !”*

After the series of atrocities we have just related, we shrink from contemplating what may have been the particulars of this case, now sunk for ever in mysterious darkness ! But we have the melancholy satisfaction to know, that it was the forerunner of that bright era which subsequently led to the realization of the most benevolent designs. Still there were deep-rooted prejudices and conflicting interests to be contended with ; which, with limited resources, and the various other difficulties but too often opposed to great and useful undertakings, presented a most discouraging aspect. Notwithstanding all this, Mr. Tuke persevered : and, at the termination of the year 1793, the committee was enabled to purchase a piece of ground about half a mile from York, on which the Retreat was erected.

On the 11th of May, 1796, the institution was opened, and early in the following month, three

* Tuke's Description of the York Retreat.

patients were received. Afterwards, the building was gradually increased from time to time ; and in 1812 accommodation was afforded to 66 inmates. Such is a brief history of that celebrated Retreat, in which many a poor frantic lunatic has found a refuge from the iron hand of restraint ; and the government of which was, to use the energetic language of an intelligent writer, “a government of humanity and consummate skill, and required no aid from the arm of violence or the exertion of brutal force.”*

In the same year, but subsequent to the period which marked the commencement of Mr. Tuke's exertions, a similar revolution originated in France, through the instrumentality of the celebrated Pinel. We are informed that this distinguished individual, “having many times urged the government to allow him to unchain the maniacs of the Bicêtre, but in vain, went himself to the authorities, and with much earnestness and warmth advocated the removal of this monstrous abuse. Couthon, a member of the commune, gave way to M. Pinel's arguments, and agreed to meet him at the Bicêtre. Couthon then interrogated those who were chained, but the abuse he received, and the confused sounds of cries, vociferations, and clanking of chains in the filthy and damp cells, made him recoil from Pinel's proposition. “You may do what you will with them,” said he,

* “Remarks on the construction of Asylums,” by Mr. Starkie, Architect, Glasgow.

“but I fear you will become their victim.” Pinel instantly commenced his undertaking. There were about fifty whom he considered might, without danger to the others, be unchained; and he began by releasing twelve, with the sole precaution of having previously prepared the same number of strong waistcoats, with long sleeves, which could be tied behind the back if necessary. The first man on whom the experiment was to be tried was an English captain, whose history no one knew, as he had been in chains forty years. He was thought to be one of the most furious among them; his keepers approached him with caution, as he had, in a fit of fury, killed one of them on the spot with a blow of his manacles. He was chained more rigorously than any of the others. Pinel entered his cell unattended, and calmly said to him, “Captain, I will order your chains to be taken off, and give you liberty to walk in the court, if you will promise me to behave well and injure no one.” “Yes, I promise you,” said the maniac, “but you are laughing at me; you are all too much afraid of me.” “I have six men,” answered Pinel, “ready to enforce my commands if necessary. Believe me then, on my word, I will give you your liberty, if you will put on this waistcoat.”

He submitted to this willingly, without a word; his chains were removed, and the keepers retired, leaving the door of the cell open. He raised himself many times from his seat, but fell again on it, for he

had been in a sitting posture so long, that he had lost the use of his limbs. In a quarter of an hour he succeeded in maintaining his balance, and with tottering steps came to the door of his dark cell. His first look was at the sky, and he cried out enthusiastically, "How beautiful!" During the rest of the day he was constantly in motion, walking up and down the staircases, and uttering short exclamations of delight. In the evening he returned, of his own accord, to his cell, where a better bed than he had been accustomed to had been prepared for him, and he slept tranquilly. During the two succeeding years which he spent in the Bicêtre, he had no return of his previous paroxysms, but even rendered himself useful by exercising a kind of authority over the insane patients, whom he ruled in his own fashion.*

But it is unnecessary to dwell further on such cases; nor should we have presented the above, did it not offer a practical lesson, which cannot fail to bring conviction even to the most sceptical; not only as to the pernicious results which restraint and ill-treatment entail, but also as to the beneficial effects which so speedily follow, even under the most unfavourable circumstances, a system of indulgence and kindness towards the patients. If the gentleman whose case has been so touchingly related above, had not possessed, notwithstanding years of persecution,

* The British and Foreign Medical Review, No. 1.

much of that which is estimable in our nature, what could have prevented his breaking forth in all the fire of natural resentment towards his cruel and merciless tormentors : instead of adhering so faithfully to that pledge which he had given to his humane deliverer.

The above details will afford a tolerable conception of the abuses that existed in both countries, when Mr. Tuke's grandson and successor published, in 1813, his celebrated *Description of the York Retreat*, a work characterized by that genuine spirit of humanity and benevolence, which reflects unbounded credit on its excellent author ; and of pre-eminent importance at a period, when the horrible system we have referred to was still in operation, and had attracted so much attention as to call for the repeated interference of the legislature.* The facts to be collected

* In July, 1807, a select Committee of the House of Commons, composed of Mr. W. Wynne, Mr. Wilberforce, Mr. Morton Pitt, Mr. Dickinson, Mr. Rose, Mr. C. Dundas, Sir W. W. Wynne, Mr. F. Burton, Mr. Bathurst, Mr. Whitbread, Mr. Shaw Lefevre, Sir H. Paulet, Mr. St. John Mildmay, Mr. Attorney-General, Mr. Solicitor-General, Mr. Sturges Bourne, Mr. Patten, and Mr. Fane, was appointed "to enquire into the state of the criminal and pauper lunatics in England and Wales, and of the laws relating thereto, and to report to the House on the same, with their opinions and observations thereon." In the following year, on the 1st of June, a bill "for the better care of criminal and pauper lunatics" passed. In 1811 and 1815, amended bills were enacted, and we find by the parliamentary proceedings in 1817, 1819, and 1824, further enactments were passed, and in March, 1826, an Act "for the establishment of asylums for the lunatic poor of Ireland," received the royal assent. Subsequent to this, the attention of the legislature was almost yearly directed to this important subject, as will appear from the various proceedings of the House, in the years 1828-31-2-3-4-7-9-40, &c.—Vide Journals of the House of Commons.

from Mr. Tuke's remarks, which, to use the words of an eminent physician, "have doubtless led to the mitigation of the lot of many a restless lunatic,"* were so strong and convincing, as to excite the public mind to the amelioration of a system but too frequently calculated to depress and degrade, rather than to rekindle the slumbering spark of reason, or correct its wild hallucinations; and accordingly we find a general sympathy started up in favor of a plan, conducted with the utmost humanity, by which "patients brought frantic and in irons" were reduced "to obedience and orderly behaviour," and such was the success attending it, that "furious mania was almost unknown in the Retreat." Bodily restraint was not, however, entirely rejected; it was still adopted, but under considerable restriction; and we consequently observe a corresponding improvement in the condition of the poor patients, as also in the proportion of cures, compared with those in the other English asylums, or even in the continental, which had previously presented such preponderating success.

To the statistical information brought forward by Mr. Tuke, in connexion with this point, we would invite particular attention, as demonstrative of the encouraging results under the modified system then adopted in his institution. Of the 61 recent cases in the York Report, two-thirds were discharged cured,

* Connolly's Lectures.—*Lancet*, 1845.

although one-half of the whole were cases of melancholia, which is allowedly more intractable than violent mania. From the 88 old cases mentioned in the same report, we can scarcely, with precision or fairness, draw any conclusions ; it being impossible to estimate how far the plan of treatment pursued in those institutions, where they had previously been, may have complicated or confirmed the mental disease. Of these old cases, however, it appears that one-fifth terminated in death, whereas of the recent cases only one-ninth had such a termination. It is also to be remarked, that nearly one-fifth of the old cases were discharged cured. On the other hand, if we refer to the Bethlem report, of the 78 ill only 12 months, not more than one is mentioned as cured ; and even she relapsed into an incurable state ; and of the whole number admitted, only one-third were cured. In St. Luke's, the proportion of cures amongst the average annual admissions would seem to be more favourable. Whilst at Salpetriere, according to Pinel, of the 1002 admitted, (473 of whom had been in other hospitals) one-half recovered. Such are some of the rough data which attracted our attention on perusing the statistical returns in the work referred to.

We shall now proceed to examine the validity of the arguments adduced by the advocates of bodily restraint in the treatment of the insane ; and to submit the grounds on which we have been led to entertain a

total dissent from them. Notwithstanding the great weight of authority opposed to us, we have long been of opinion that it has been productive of the worst consequences ; that under it every influence of a moral tendency is endangered, if not destroyed ; and that its adoption has led, in many cases, to a forfeiture of that confidence so essentially necessary in our treatment ; and which, under different circumstances, the patient would have reposed in his attendant. Such is the position we would maintain ; and we entertain a sanguine hope of being able to prove, assisted in no slight degree by the statements of even the adopters of restraint, that whether we view its effects morally or physically, its use ought to be completely excluded from the precincts of a lunatic asylum. We shall never forget on one occasion, during our first intercourse with the insane, witnessing a middle-aged man labouring under high maniacal excitement, for which bodily restraint had been imposed ; the symptoms continued unabated, during which he used the most violent language to those around him. While in this state, the restraint was removed by order of the medical officer, and he then gradually became calmer ; and shook hands with the author, (a perfect stranger) saying to him, " I will fight for you against any man ;" yet continued most indignant towards those who had imposed the coercion. This simple case made an indelible impression on us ; affording, as it did, hints which, in our mind, constituted the key-stone of that

arch, on which alone could be built a rational and proper method of treating the insane ; as also suggesting the necessity of gaining an ascendancy in the confidence of the patient, and sympathizing with him in all his feelings.

But the difficulty so obviously manifested in the above case, was evidently entertained and felt by the advocates of restraint ; and it is curious to observe into what fatal errors we may fall, whilst endeavouring to bolster up a system, the incalculable evil of which is admitted, and actually doubly increased, by the very precautions we may recommend. For instance, M. Guislain, in his *Traite sur l'Alienation Mentale*, after most judiciously advising the physician to abstain from doing or saying any thing calculated to inspire fear or dread, or by which he might become an object of aversion, or lose the confidence of his patient, recommends that some other person should be the agent in all restraints or punishments, and that the physician should be regarded as the protector of the patient, and the dispenser of kindnesses and indulgence !

Were we required to describe a system at all likely to be tolerated in the present day, to which more than another we should offer our unqualified opposition, it would be the very one laid down by M. Guislain. If we are to have punishments and restraints, let the poor sufferer, at all events, have the advantage of a competent medical dispenser, before he be subjected to a treatment about which, it must at least be con-

fessed, there is some doubt. We mean not to object to as many moral superintendents as may be proposed ; such officers are most advantageous ; but we can never award perfection to any plan connected with the care of the insane, where a constant *medical* surveillance is not kept up. Let the power of imposing restraint, if it must be, emanate from the *medical* authority alone, and then the attendants will, for their own sakes, be the more anxious to cultivate that moral control over the patients, which it must be our primary object to establish.* We cannot be too particular in the power we commit to ignorant or inexperienced persons in those institutions. And well has M. Georget laid down, that active and incessant inspection must be exercised, particularly in an asylum, over both patients and attendants.

Moreover, M. Guislain appears to us to have too hastily calculated on the possibility of separating the respective responsibilities of the medical officer and proposed agent, in the mind of the patient. The physician is well known to most of the inmates of an asylum ; he is looked on as the head and protector ;

* In the 13th Annual Report of the Maryborough District Asylum, published in the *Dublin Medical Press* for the 8th of July, 1846, an observation is put forward by Dr. John Jacob regarding the result of non-restraint treatment, which may not be inapposite here, viz. : “ The beneficial influence on the demeanour of the attendants, which the total abolition of instrumental restraint has exercised, cannot be over-estimated.”

“ Wherever restraints are permitted to be used, the attendants will put them on wantonly, and frequently unnecessarily, and will become regardless of all minor offices of humanity towards the patient.”—*Connolly's Lectures*.

and M. Guislain cannot have failed to remark what has often struck ourselves; the poor lunatic, in a state of acute excitement, running across the court on seeing the physician, and complaining to him, as the responsible person and source of redress, of some petty or imaginary grievance. What, under M. Guislain's plan, would be the defence set up, in the case of a *real* grievance, by the "dispenser of kindnesses," for the cruelties of his agent?

But the above views, as put forward by M. Guislain, present another important feature which has attracted our attention; and the same is observable in works of more recent date, emanating from individuals of the highest consideration, whose opinions occupy a prominent position in the writings of the day. We allude to the frequent mention of "punishment," in connexion with the treatment of the insane. It is true that we find considerable modification adopted by each, and that an evident degree of hesitation is evinced, proving that they themselves were apprehensive of its evil tendency. M. Georget, for instance, states that the only means of punishment that should be practised are the shower bath, strait-waistcoat, seclusion in a cell, and some occasional privation. Again, Dr. Pritchard, whose experience entitles him to the deepest attention, observes that all measures of punishment and intimidation should be used as sparingly as possible, and be of the most harmless description. Lastly, Dr. Copland lays it down, that

when obstinate lunatics refuse to take food or medicine, persuasion should be first tried ; and if this fails, threats and harmless punishments may be adopted. The qualified tone in which the above opinions are put forward, corroborates our position in no slight degree, and we notice it the more particularly, connected as it is with that principle which, in our opinion, forms the pivot on which the entire moral* treatment turns. As long as it remains unsettled, so long must a doubt most dangerous to a successful plan of treatment exist ; and we cannot contemplate any thing more truly melancholy, than the reflection that, under erroneous views, we may have been impeding instead of favouring the returning light of reason in a fellow creature. Pre-eminent as is the privation amongst our numerous afflictions, we feel the greater responsibility in our task. And if we be correct in stating that the doctrine of crises† is applicable to

* “Toute ce qui pourra agir sur le cerveau directement ou indirectement, et modifier votre être pensant, tout ce qui pourra dominer et diriger les passions, sera l'objet du traitement moral.”—*Esquirol*, vol. 1, p. 119.

Tuke divides moral treatment into three parts. “1st. By what means the power of the patient to control the disorder is strengthened and assisted. 2nd. What modes of coercion are employed when restraint is absolutely necessary. 3rd. By what means the general comfort of the insane is promoted.” We would suggest the omission of the second.

† “Ces crises sont physiques ou morales, elles ne s'observent que dans la monomanie, la lypémanie, la manie, la démence aiguë, elles ne sauraient avoir lieu dans l'imbécillité, la démence chronique, et la démence senile.”—*Esquirol*, p. 82, vol. 1.

Again : “J'ai constamment observé que dans l'espace du premier mois de la maladie, il se fait une remission très marquée.”—*Ibid*, p. 93.

A case of acute mania, neither aggravated by neglect nor injudicious

certain forms of insanity, as was put forth by Pinel, Esquirol, and others, and long ago supported by Hippocrates, Celsus, Cælius, and Boerhaave, we can duly estimate the consequences likely to result, from any rash interference with the favorable progress the disease may be disposed to take. It is by patient and humane perseverance alone, that we can achieve improvement in our patient, watching when we can be of service, and not inconsiderately stepping forward with the expectation of effecting *sudden* changes : ever bearing in mind the sentiments of an eminent writer, whose views are entitled to the utmost attention and respect. "Reason does not in general at once resume her lost empire over the mind ; her approach resembles rather the gradual influx of the tide. She seems to struggle to advance, but again and again is compelled to recede. During this contest, the judicious attendant may be the most valuable ally, and render the most effectual assistance in the recovery of her lawful throne."*

In this beautiful and impressive passage, we have a valuable lesson on the importance of "a judicious attendant." And we can legitimately derive from it the danger apprehended by the author, from that violent system of treatment which it was the peculiar

means, has a tendency to subside within a certain period. If that period passes by, marked by a mere remission, and followed by fresh excitement, our hope of an early cure is much diminished."—*Connolly's Lectures*.

* Tuke's Description of the York Retreat.

object of his work to deprecate ; and which, by prolonging the disease, was certain to diminish the chance of a favourable issue. It has been observed by a high authority, that the ultimate tendency of insanity is to pass into a state of mental decay, or obliteration of the intellectual faculties ;”* in other words, into a state of incoherence or dementia. And it is recorded, on the authority of Pinel, Esquirol, and others, that the greater number of cures are effected in the first month of the disease, and that the number of recoveries diminish comparatively as we go beyond that period.† From these and other data, we at once collect that certain changes do take place as the disease continues ; that it does not remain stationary or unaltered for any length of time ; and that, if not advancing to recovery, it must be retrograding into a more unmanageable form. Hence it is that in this disease, above many others, our treatment must be seasonable and judicious. At the same time we are never to despair, but, to use the words of a distinguished physician, “conduct the treatment on the principle that amelioration is attainable in every case.”‡ Instances on record encourage this view. Pinel has given “a well authenticated case” of twenty-five years standing suddenly cured. Esquirol gives another of ten years

* Pritchard.

† Pinel and Esquirol have laid down certain average periods of duration ; the former stating the period to be between the fifth and sixth month, whilst the latter gives a greater extension, in which he is supported by Tuke.

‡ Connolly’s Lectures.

duration, which recovered in the same manner ; and he is of opinion, that there is always hope when there is physical derangement.* Neither are we to be entirely discouraged by the unfavourable form of the malady ; as the last mentioned writer has recorded two cases of maniacal dementia, in which the symptoms subsided on the appearance of the catamenia ; the patients having been insane since earliest youth. He also gives one of a woman who was insane since the menstrual period commenced, and became sane at forty-two years old, when it terminated. An apparently hopeless case of dementia is recorded by Sir W. Ellis, as having been *suddenly* restored.†

We shall now proceed to the consideration of the first measure of restraint which is usually adopted, preparatory to the treatment of the insane, viz. the separation of the patient from his friends and relatives, and his removal to a suitable place of residence, where a new train of ideas will arise, and all former associations be removed from his mind as much as possible.‡ The necessity for this preliminary step has now become so obvious, that it is scarcely necessary to dwell on it. All the English, French, and German authorities are agreed respecting it ; and although M. Esquirol

* Esquirol, page 95, vol. 1.

† Sir Wm. Ellis on Insanity, p. 138.

‡ “ The care bestowed on them in the bosom of their own families makes no good impression on them, while the attention they receive from strangers is appreciated from its being new, and their having no right to expect it.”—*Edinburgh Medical and Surgical Journal*, January 1st, 1839.

expressed a doubt as to its being serviceable in *every* case, generally speaking he appears to have been a decided advocate for its adoption. The presence of strangers, he thinks, suspends the delirium of the insane, either by the influence of new impressions, which is always useful, or from a secret feeling of self-respect, that induces lunatics to correct their state of mind, “par un sentiment secret d’amour propre, ils veulent cacher leur état.” This fact must have struck the most superficial observer ; we have seen patients, in the midst of the most violent excitement, suddenly become tranquil on the appearance of the physician and a stranger (the author). The principle of separation was strongly supported by the celebrated Willis, and we are told that, in the case of a late illustrious sovereign,* he dismissed all his former attendants, and substituted others, with the happiest effects on his first attack.

On the condition calling for this, it is not our intention to dwell. It is a matter of the deepest importance, and if unnecessarily decided on, may be productive of the most lamentable consequences. The question involving the sanity or otherwise of an individual, requires the nicest discrimination and judgment, oftentimes presenting considerable difficulty. On more than one occasion have we witnessed an insane person baffle, for a long time, the most experienced ;

* George III.

displaying a wonderful tact and cunning* to conceal his real state. Sir William Ellis says that, in order to justify confinement, there must be diseased action sufficient either to render the individual incapable of managing his own affairs, or to make his conduct injurious either to himself or to society. This is all very true ; but it, unfortunately, leaves the difficulty just as it was ; for what data has he afforded us to decide on such a state ? At all events, this is not the place for discussing the point ; we here take it for granted, that a separation from former associations is considered advisable, and it is for us to point out the best mode of conducting it.

The separation, to be effectual, must be *absolute*, and *early* in its adoption. *Absolute*, because even a single visit at an unseasonable period, is calculated to renew associations and ideas, in which probably the disease originated ; and, consequently, may be the cause of as much evil as one conducted at the proper and fitting period, and with discretion, may be productive

* The cunning displayed by some lunatics in their arguments, as also on their mode of putting questions, whilst at the same time they conceal the object in view, is really surprising. The following example struck us forcibly. On the occasion of one of our visits to a neighbouring asylum, in company with the physician, we saw a respectable looking man who had been in the institution before, and had been re-admitted about two days previous to our visit, in consequence of a return of his malady. When we entered his apartment, he said to the doctor in rather a careless manner, "Canst thou minister to a mind diseased?" "Why," replied the doctor, "I am here to be of use to you." "Then," said he, "you can have no business with me, as I am not mad ; and if I wanted further proof, it would be in the fact that I got no medicine since I came here."

of advantage. Of this, we have the strongest evidence adduced by Willis and Esquirol ; the former states that in England he found the treatment of foreigners, who had so few opportunities of seeing their friends, was much more successful than that of the English : and the latter authority experienced greater success amongst strangers coming to Paris for treatment. Indeed M. Georget objects to private asylums, on the distinct grounds, that the patient is more likely to see his friends in such institutions. Besides, we are to recollect that there is no class of persons more likely to be betrayed into injudicious observations, than those so deeply interested as relatives must naturally be ; and it is quite impossible they can possess that address which we shall hereafter see is of so much moment, and so difficult to be acquired.

The adoption of separation we have stated must be *early*. This is of no less importance than its being *absolute*. Dr. Willis declared that nine out of ten recovered, of those put under his care, during the first three months. Dr. Finch stated that in his asylum the proportion was 61 out of every 69. Mr. Tuke of the York Retreat mentions 7 out of 8 ; and if we apply to the very interesting report lately presented to the profession by Dr. John Jacob, already referred to, we shall find it distinctly stated that delays in admitting patients “have exercised a very prejudicial effect on the results of practice.” We have known the patients themselves apparently aware of

this, and we recollect two gentlemen, who were subject to periodie fits of insanity, and used regularly, on the approach of the attack, which they were aware of, go to a private asylum.

In adopting this necessary measure, the less formality or mystery that is observed the better. It has been truly observed by Pritchard, that "some, when brought to a madhouse, are shocked, and experience a sense of degradation ;" and we should therefore be careful in our manner of addressing the patient on the subject. Speak to him as if he were going to an hospital for the restoration of his health, and of the necessity of his giving up worldly engagements for an interval. By this system we have, on more than one occasion, seen patients completely reconciled to a separation from their friends ; and feel quite happy, as if a weight was taken off their minds, on receiving an assurance that an improvement in health would restore them to their friends.

It would be quite impossible to obtain a clear and comprehensive view of the value of the arguments, for and against bodily restraint in the management of the insane, without taking into consideration the nature and seat of the disease under discussion. On this point considerable difference of opinion exists. Indeed it is better at once to confess the great difficulty it involves, hoping that future investigations may clear it up, rather than to attempt to gloss it over by any ingenious or plausible theory. Probably

the more general adoption of this principle would, in the end, better contribute to the progress of knowledge. According to Franck, Guislain, and Nasse of Bonn, with others, insanity is essentially a disease of the organic structure of the body ; whilst, on the other hand, there are many, (chiefly German authorities) who assert that madness is essentially a disease of the mind, and at the same time they adduce cases where no organic disease could be found. But, recollecting the utter impossibility of appreciating the first trace of organic disease, as also the very minute alteration in structure which may produce most serious symptoms, we ought certainly to be slow in acceding to such views. Professor Heinroth declares it to be *a moral depravity* ; this theory we have quite sufficient arguments to controvert, independent of the very interesting case of the wife of John Casper Lavater, of Zurich, as brought forward by Maximilian Jacobi, director of the asylum of Siegburg near Bonn.*

* The following is Jacobi's account of this remarkable person, as given by Pritchard :—"The wife of John Casper Lavater, of Zurich, was a person regarded by all who knew her with respect and love. Her mind was endowed with the highest principles, sensible, and intelligent ; her disposition was cheerful, pious, and benevolent. She had been tried and proved by misfortunes and sorrows, was the friend, the counsellor, and comforter of many. She was induced, by the sole desire of doing good to her suffering fellow creatures, to undertake the chief care of some insane persons. It pleased Divine Providence that in an advanced period of her life, this excellent person should herself become insane, and continue for a long time to be a victim to the deepest melancholy. Towards the close of her life she recovered from the disease, and her friends had the gratification of knowing that the last few months of her existence were passed in a state of mind resembling that of her earlier days, and in that state she died."

Amongst those who assert that insanity is a disease of organic structure, there is also a variety of opinions. Some, as Georget, Foville, Cox, Cullen* and Haslam, assert that it is an idiopathic affection of the brain, and that the diseases found in other parts of the body are merely accidental, and consequent thereon. Others regard the primary disease to be in the stomach, as Broussais and his followers, who affirm that it always consists in irritation of the trisplanchnic apparatus. Pinel describes it as spreading from that organ as a centre.† Lastly, we may refer to the views, in some respects peculiar, of Maximilian Jacobi, as first brought forward in his "Collections for the Treatment of Disorders of the Mind," (*Sammlungen für die Heilkunde der Gemüthskrankheiten*) and more fully en-

* Cullen supposed that insanity depended on different portions of the brain being unequally excited. Sir William Ellis dwells on the frequency of diseased brain. Esquirol found in 168 melancholics, 2 with diseased liver, and 65 with diseased lungs. M. Georget found three-fourths of the cases he examined with lung affections. Foville found diseased heart frequent, chiefly hypertrophy, 5 out of 6 so. Pritchard says that perhaps the most frequent morbid phenomena found in the abdomen, is inflammation of mucous membrane of alimentary canal.

† In Maximilian Jacobi's last work published at Leipzig, in 1844, on the principal forms of insanity in relation to treatment, (*Die Hauptformen der Seelenstörungen in ihren Beziehungen zur Heilkunde*) we find it stated by the author, as the result of fifty cases examined after death, that there was little departure from the healthy condition of the gastric organs. At the same time, he states that the appetite was often excessive; and nutrition in a low state, but no constant disorder of the digestive system. This is rather remarkable as differing so widely from the experience of the French and English, who state that the secretions and mucous membrane of alimentary canal of maniacs are much disordered.

We have ourselves been frequently attracted by the very foul condition of the tongue and fœtor of breath amongst lunatic patients.

larged on in his subsequent works. This distinguished author, altogether opposed to the doctrine that would refer insanity to causes purely mental or moral, asserts that in every instance it is the consequence of functional or organic disease in some part of the system. Furthermore, he insists that the brain is not the only organ for producing the phenomena ordinarily referred to the mind, but that the bones, ligaments, and muscles, in fact every part of the system, have an equal share in originating psychical action. He also affirms that disease of any part of the body acts at once and *directly* on the mind, and not through the *medium* of the brain.

We have already alluded to the very great obscurity which must necessarily involve the question now under consideration, owing to the utter impossibility, in many cases, of appreciating the first or earliest stages of organic disease ; as also to the very minute alteration of structure which is capable of producing the most serious consequences. And these observations are peculiarly applicable to the brain, inasmuch as the ultimate tissue of that organ, being so delicately arranged as to be beyond our detection, we are left no guide nor standard, as it were, by which to appreciate certain transitions from the healthy and natural organization. This difficulty we observe in lesions even of a fatal character. Severe concussion is suffered by that organ, death ensues, and although it is obvious that some extensive organic derangement

must have occurred, to cause this total and permanent suspension of all the faculties, mental and bodily, yet the most searching examination may present no trace whatever of structural disturbance discernible by our senses.* And, with such facts before us, it is obvious that we are scarcely warranted in founding any definite or sure conclusion on the mere denial of the existence of that which, because of the natural imperfection of our senses, we cannot arrive at. Neither can we, unaided by visible proofs, argue on a bare gratuitous assumption of its positive presence. For our own part, in the absence of all theoretical bias, we cannot adhere exclusively to any of the views proposed respecting the cause of the disease in question. A very limited experience teaches us the influence of various organic changes, over the operations of the intellectual principle ; whereas, on the other hand, it is equally certain that cases of insanity do occur, where no lesion of internal organs can be discovered, and the disordered mind is presented as the sole and prominent malady.

Of the marked influence exercised over the intellectual functions by disorders of the digestive organs, we must all be aware, as also how tedious affections of the former become, if the irritation of

* We do not forget what has been stated by the late professor Colles, as the result of his dissections in these obscure cases, viz. . "That the brain did not appear to fill up the cranium completely." But we are not aware that such has been universally remarked by that accurate and faithful observer of disease.

the latter be kept up. Every medical man is conversant with the horrors of those hypochondriacal symptoms brought about by, and clearly traceable to, the cause we have laid down. "The great majority of these complaints," observes Dr. James Johnson, "which are considered as purely mental, such as irascibility, melancholy, timidity, and irresolution, might be greatly remedied, if not entirely removed, by a proper system of temperance, and with very little medicine. There is no accounting for the magic-like spell which annihilates for a time the whole energy of the mind, and renders the victim of dyspepsia afraid of his own shadow, or of things, if possible, more unsubstantial than shadows." And again he states, "many a happy thought has sprung from an empty stomach ; many a terrible and merciless edict has gone forth in consequence of an irritated gastric nerve. Thus health may make the same man a hero in the field, whom dyspepsia may render imbecile in the cabinet." That cases such as the above have gone on to absolute insanity there can be no doubt.* An

* Considering the mass of evidence which can be arrayed in favour of this, it is rather extraordinary to remark the exclusive importance attached by some to *moral* treatment, whilst they totally pass over or deny the advantages to be derived from medical aid. Mr. Hill, for example, in his otherwise admirable Lecture, delivered at the Mechanics' Institution, Lincoln, states that "in the treatment of the insane, medicine is of little avail, except of course when they are suffering also from other diseases, to which lunatics as well as sane persons are liable. Moral treatment, with a view to induce habits of self-control, is *all and everything*."—Something more than a mere *ipse dixit* is necessary, we apprehend, to settle this ; and we wish Mr. Hill had applied himself a little more to the *causes* of the disease.

irritation is kept up at a certain portion of the periphery of the nervous system, which, by a species of reflex influence, subsequently extends to the brain, and produces insanity.* The following case, which we were cognizant of some years ago, is so entirely in point we cannot omit it here :—

A professional gentleman, whom we had the pleasure of knowing, and who was respected by all acquainted with him, as well for his public worth as his private qualities, had been complaining for a considerable period of slight symptoms of indigestion. At that time his intellect was particularly active, and, in the most efficient manner, he discharged duties of a highly responsible character. In this condition he remained for many months ; occasionally obtaining medical advice, but rarely, we fear, observing it. During our frequent visits to his family, he often complained of his stomach, and the fœtor of his breath was peculiarly offensive. On many occasions we urged the absolute necessity of attention to regularity of meals, as he scarcely ever took breakfast, fasted during the day, and did not dine perhaps until 7 o'clock. After

* Pinel gives two cases in point. The first was that of a young man who swallowed some cigars. Gastritis followed, which was relieved, but returned. Melancholia subsequently ensued, and suicide closed the scene. The other case was that of a soldier with ague, who took a glass of brandy with some gunpowder in it. Violent mania came on, which lasted for months. Mr. Forbes Winslow, in his work on "The Anatomy of Suicide," which contains a vast fund of interesting facts, states that "there is no more frequent cause of suicide than visceral derangement, leading to melancholia and hypochondriasis." In some rare cases, however, as observed by Tuke, the maniacal symptoms, instead of being aggravated, are suspended by bodily disorder.

some time, we observed a decided peculiarity in his manner of speaking ; his memory was evidently failing ; so much so, that we have frequently known him to relate the same occurrences twice or thrice during an evening. This attracted our attention ; we pointed out to his friends the serious consequences which might result if he did not alter his system. All, however, was useless ; he would not be guided by any advice, or solicitation. The symptoms progressed ; he retired after some time to the country, and in about two years or more we met an intimate friend of his, who informed us his mind had become deranged. We subsequently learned that imbecility supervened, in which condition his life terminated.

We have thus digressed from the immediate point at issue, in order that we may be the better able to grapple with the arguments opposed to us. Whatever may be the primary seat of the disease, or whatever its cause, be it physical or moral, we are fully convinced as to the pernicious tendency of bodily restraint, in the treatment of the insane. And such being our impression, we were rather surprised at an observation put forward with such entire confidence, in a work but recently published, to the following effect :—" Men who talk loudly of the effects of moral coercion, and who repudiate the idea of the strait-waistcoat, &c., have had but little practical experience of the treatment of the insane."* We shall not stop

* *Anatomy of Suicide*, by Forbes Winslow.

to consider the amount of "practical experience," the author of the above passage may consider necessary to decide the question ; but our own impression is, that it requires very little observation to appreciate the extraordinary influence which moral control, if properly exercised, can exert amongst the insane. On more than one occasion have we sat beside a lunatic, in the most frantic state of excitement, uttering the wildest cries, and using the most violent gesticulations towards those around him ; and yet, though perfectly free from all bodily restraint, he did not once attempt to injure those around him. This we witnessed in an institution* where the medical officers are exercising the most praiseworthy efforts, to inculcate the principles we are advocating. It exemplifies that moral influence we have frequently witnessed the inward struggle of the patient himself to succumb to, and which, when unsuccessful, points out the necessity for solitary seclusion. The following case will elucidate what we mean.

During the past summer, we visited a patient with Dr. Mollan, in the Richmond Lunatic Asylum. He had been in a high state of excitement, but, on our appearance, he became, comparatively speaking, tranquil, and continued so as long as we remained with him. At the same time, we evidently saw, from the quivering expression of his features, that an inward struggle was going on to check an out-break. Shortly

* Richmond Lunatic Asylum, Dublin.

after we left him, he became most violent, tore off his shoe, with which he broke the window-glass opposite his apartment, and was ultimately secluded in a separate room by order of the physician.

If then, the patient be so violent as to endanger not only his own life, but the safety of others, it will be necessary to adopt a system of solitary seclusion, in an apartment so arranged and padded, as to prevent the possibility of bodily mischief. This, with a liberal supply* of qualified and conscientious† attendants will, we affirm, be all sufficient. In corroboration of this, we might adduce the valuable testimony of Dr. Connolly, physician to the Hanwell Asylum. In that institution there is accommodation for nearly one thousand patients. "All the means," says he, "calculated to impose bodily restraint, we entirely and unconditionally reject. Whatever restraint they are brought to Hanwell in, it is removed, and never put on again; and yet, since the abolition of restraint in that institution, in Sept. 1839, not one patient died by suicide; many have attempted it, and in different ways, but have been baffled by vigilance, until they

* The laws of France assign one keeper to every ten patients.

† Frightful indeed must, at one time, have been the condition of those attendants. Mr. Rogers, whilst referring to their atrocities, remarks, "but if such is the natural cruelty of these men, what must their lot be, who are exposed to it, when received, as it often is, with all the additional wantonness of intoxication."

Mr. Tuke mentions having once visited an asylum where bodily restraint was carried to an extreme extent, and he found three of the keepers playing cards!

lost the propensity to do so." In that asylum there is, of course, an adequate supply of attendants, without which, we unhesitatingly affirm, there would be more humanity in having recourse to even an unqualified system of restraint, than to attempt, with insufficient means, what might only lead to scenes of suicide and bloodshed.

But if we turn to our own country, we shall have abundant evidence, deducible from the Irish asylums, which yield pre-eminence to none in that rapid march of improvement, so deeply interesting to us all. "I am inclined to think," states Dr. Connolly, in his Letter on the Lunatic Asylums of Paris, "that both the continental and Irish asylums are better managed than the asylums of England, and that there is consequently a prospect of more permanent and steady improvement in them." Again, in the admirable and comprehensive Report of the Inspectors-general, for the year 1844, we find it stated of the District Institutions, that "they continue to be kept in the best possible order, and they are conducted in a manner which reflects credit upon the zeal, efficiency, and humanity of the local governors and officers." The accounts given of the private asylums by the same gentlemen are also satisfactory. Lastly, if we peruse the statistical tables lately published by Dr. Thurnam, in connexion with his work on insanity, it will appear that the average number of cures in the District Asylums of Ireland, is somewhat greater than in the English

and Scotch Institutions for the insane. With such testimony as to efficiency before us, (which must be gratifying to all who have an honest desire to do justice to the humane exertions of those to whom much, indeed, is due) we need not, surely, look elsewhere for facts to confirm or reject our views. In the metropolis there are two hospitals for the insane, which afford the strongest evidence in favour of the position we have taken up. The first we shall notice is the Richmond Lunatic Asylum, capable of accommodating nearly 300 patients, and of course calculated to present most valuable information on the question at issue ; and what has been the experience of the medical officers on the use of restraint ? If we examine the Report of the Inspectors-general for 1843, we shall find the following statement of the medical officers of that institution :—"Personal restraint, as a part of the discipline of this asylum, has very much diminished for several years past ; and it may now be said, as a general rule, that it is done away with. Exceptions, however, must and do occur. A patient is now in the asylum, who in consequence of a rupture is obliged to wear a truss constantly, and in order to prevent his interfering with this instrument, which he is always disposed to do, it is necessary to restrain his hands. In cases where blisters* or other counter-

* "If necessary," remarks Dr. Conolly, "we cover the blister and afterwards the dressing, with a case made of ticking, which is made very much like a man's ordinary waistcoat, but is fastened with little round locks instead of

irritants are employed, it is frequently necessary to restrain the hands, to prevent the patient from removing those remedies. Many insane persons are prone to the destruction of their bedding and clothes, and if left to themselves, would often be divested of all coverings. Such cases obviously require some organ of restraint." Such were the observations put forward by the zealous and efficient officers of this asylum. The "exceptions" proposed by them scarcely deserve such an appellation, as they obviously do not interfere with the clear and comprehensive views manifestly entertained by them on the subject of restraint. To the Institution itself we should not be doing justice, if we omitted to notice the gratifying announcement, in the report of the Inspectors-general for 1845, just received, to the effect that "the statistical results as to recoveries and deaths have been most favourable, and that upon the whole this asylum may be ranked amongst the foremost in this or any other country, as having

buttons. An inspection of this vest or blister case will show you its advantages. But the curious circumstance is, that these blister cases are now very little in requisition. It would seem as if removing a blister, like many other inconvenient habits, grew up most strongly amidst the discontent prevailing in asylums where mechanical means of opposition are most relied upon. A cap of the same materials, and similarly fastened, is useful when the scalp is irritated, to prevent the great addition to the irritation that might be occasioned by the patient's hands." Again, if the patient be so frantic as to bite his flesh, a well-made, well padded, and well secured dress and a pair of soft gloves without divisions for the fingers and thumb. All such cases are rare, and such propensities generally checked by some sedative medicine and warm bath. Also, if patients expose themselves improperly, a dress consisting of trousers and vest united, and if bed clothes be torn, substitute blankets sewed upon a ticking case.—*Lancet*, Nov. 1st, 1845.

fulfilled in every respect the humane and charitable intentions of the government and the public at large.

The other institution to which we allude is St. Patrick's Asylum, endowed by the celebrated Dean Swift,* and established in 1751. It affords accommodation to about 180 patients. Some time has elapsed since we had the pleasure of visiting this excellent asylum, but the recollection of its comforts, and the excellence of its management, are full in our mind. According to the Report of the Inspectors-general for 1844, "the non-coercion system is pursued with success throughout the entire establishment."

Our limits must necessarily prevent us from entering on the merits of our country district asylums in detail, and we would therefore refer the reader to the Reports of the Inspectors-general for 1844, where most satisfactory evidence is afforded in favor of the

* According to the last will of the Dean, we find it directed, that after paying certain legacies, "the residue of his yearly income and interest of his said fortune shall be laid out in purchasing a piece of land situate near Dr. Stevens's Hospital, or if it cannot be there had, somewhere in or near the city of Dublin, for the reception of as many idiots and lunatics as the annual income of the said lands and worldly substance shall be sufficient to maintain, and that the said Hospital may be called St. Patrick's Hospital." This benevolent disposition of his property is noticed as follows, by an intimate friend of the Dean :—

"Unless I am misinformed, he (the Dean) died worth about £12,000, inclusive of specific legacies mentioned in his will, and which may be computed at the sum of £1,200, so that the remainder, nearly £11,000, is entirely applicable to the Hospital for idiots and lunatics, a charitable foundation particularly beneficial in these kingdoms, where the epidemic distemper of lunacy is so prevalent."—*Lord Orrery's "Account of the situation of Dean Swift's health and mind, from 1739 to his death, at the latter end of Oct. 1745, with a Dissertation on Lunacy and Idiotism."*

system of non-restraint. In the Clonmel District Asylum, we observe, according to the report of Dr. Sheill, "that the non-restraint system is carried to its fullest extent." In the Londonderry District Asylum, "the non-coercion system is pursued, and fully justifies the general opinion in its favor." In the Armagh Institution, we find "total absence of all unnecessary restraint" announced. From Waterford, Belfast, and other districts, the reports are also most gratifying. Lastly, if we apply to the report lately published by Dr. John Jacob, whose untiring zeal to carry out the fullest improvement is so commendable, we shall find it stated that in the Maryborough Asylum, "during the past year and a half, instrumental restraint has not been had recourse to in a single instance," and it is further added, "that several of the attendants have not even seen any apparatus for that purpose."

But let us not be deceived by such encouraging facts, nor lulled by any feeling of false security, against the abuses which, we regret to state, still exist to a lamentable extent in the United Kingdom. It is indeed strange to reflect that, after all the exertions of private as well as public individuals, and all that has been written and said on this important subject, darkness and error are still abroad, and an apathetic indifference in many quarters so great as to their existence, that it requires fresh tales of misery and suffering to rouse their slumbering energies. But

that England should be the foremost with her black catalogue, is to us the most unaccountable fact of all ! If we examine the Report of the Metropolitan Commissioners for 1844, (section 6th) we shall be presented with scenes of wretchedness, which are scarcely to be conceived as existing in public Institutions visited by public functionaries. No classification of any description attempted in some of them ; all the patients crowded together in ill ventilated, filthy cells, without distinction ; males and females sleeping in rooms communicating with each other at all hours, and scarcely a shred of garment to cover their squalid and miserable forms ; handcuffs and handlocks of iron still in requisition ; and the wretched sufferer sinking under the chain encircling his exhausted frame ! yet there is some consolation mingled with these lamentable facts, when we reflect that they are not traceable to that wicked system of heartless selfishness and traffic which formerly disgraced our nature ; but rather to a melancholy deficiency of the means that such public Institutions ought to possess, of supplying, at all events, the common and necessary comforts of life.

And from identically the same causes, our own country has sad announcements to make, calling for similar redress. But it is gratifying to know that they are few indeed, compared with those just referred to, and promise a speedy reform, under the zealous energy and perseverance of those who have brought

them to public light. In the last reports* of the Inspectors-general, "Neglect, mismanagement, and discomfort are complained of, and scenes described which "shocked and disgusted" those whose painful duty it was to witness them. The melancholy condition of two patients in one of these asylums is instanced, "to convey a pretty accurate description of the whole Institution." One was "a male patient, lying in a solitary cell, (which had no window nor proper ventilation) on some loose straw, without a particle of clothing, except a filthy old blanket wrapped round him; on raising which was found the poor creature convulsed with contracted limbs, and altogether in a state requiring the constant and judicious treatment of a physician." The other was "a female in a similar state of nudity and neglect." Such are the revolting facts recorded in the Report of the county and city of Kilkenny Local Asylum* for 1844. Again, we find in the Report of the Inspectors-general for the same year, details of misery and destitution in the Wexford Local Asylum, which forcibly revive the recollection of that harrowing history of cruelty and woe we have endeavoured to depict elsewhere. The case of the unfortunate man Edwards we almost thought presented a striking parallel with one we have read in another place. The wretched condition in which he was found by the able reporter of his state, his final delivery and improvement, appear almost a repetition

* Report for 1844.

of what we hoped had passed away for ever ! And when years shall have rolled on, and that bright consummation to which all humanity is so anxiously looking forward shall have been accomplished, every heart must beat with gratitude for the benevolent acts bestowed on that poor creature and his fellow-sufferers, by one* who, although a stranger to our

* The following extracts from the report of the Inspector-general for 1844 will sufficiently depict what is alluded to here. "On looking in, I saw the unfortunate man standing at his cell door, nearly in a state of nakedness, chained by the wrist and ankle, and padlocked; he wore an old torn jacket and short petticoat; a trencher of potatoes lay on the floor, as also a porringer of milk. I had the door unlocked, and caused him to be let out, his chains to be struck off, and allowed to walk about the place. He was represented as a very dangerous idiot; however, I could perceive that he had intellect enough to convince me that he felt grateful so far, for having been allowed his liberty. This man's name was Edwards....." "The female division of this establishment was equally wretched and "filthy"—"bed and bedding very bad"—"neither shoes nor stockings allowed."....."In fact there was a curtailment (from want of funds) of all the necessities and comforts of life."....."Supper was not allowed, &c.....Having reported to the Lord Chancellor, (Sir Edward Sugden) he directed me to communicate with the local authorities without further delay... ..It was on the approach of Christmas, and fearing that any delay should take place in providing the necessary comforts, his lordship handed me a draft for £30 out of his private purse, with directions to have clothing, blankets, and sheeting, &c. purchased, and sent down with an experienced keeper to attend the institution; and that a Christmas dinner in true English style should be provided on the occasion.....For the result, see page 47 of the Report.

We find, by the Report for 1845, which reached us when the manuscript of this Essay was arranged, that the Wexford Local Asylum will soon be abolished. But we regret to observe it stated in the same report, that the county and city of Kilkenny Local Asylum continues in the same state as reported by Dr. White last year."

Before going to press, the Report for 1846 has been sent to us by our intelligent friend Dr. White, the Inspector-General of Lunatic Asylums in Ireland, from which it appears that the want of "suitable accommodation" is still complained of, "for the inmates of this wretched Institution." With extreme satisfaction, however, we read in the same admirable Report, of the

country a few years back, made the influence of his high office subservient to the relief of the afflicted of our native land !

We have stated that the solitary seclusion of the more refractory is sometimes called for, in consideration of the condition of the other patients. This we insist on, not only for the sake of protecting them from bodily harm, but also to guard against their being exposed to any scene of excitement, which would considerably militate against their ultimate recovery. And it is with this view that we recommend such a classification, as will keep the more violent apart from the convalescent ; although it sometimes will happen, notwithstanding all the care we may adopt, that we cannot anticipate an occasional interruption to the harmony we are desirous of preserving amongst the convalescent class.

We recollect visiting an asylum, (and we know of no better managed one) where several female patients were sitting, apparently in a state of the utmost tranquillity. Many of them were employed at work. Suddenly, one, a young woman, rushed forward in a state of violent agitation, and uttered a most piercing cry. The general excitement produced on the occasion amongst the other patients was most marked, and the

proposal intended to remedy so miserable a state of things. To those interested in the welfare and comfort of the inmates of our asylums, it will be a source of much gratification to peruse the various improvements this volume announces, attributable in no slight degree to the energy, activity, and zeal of the able reporter, since his entrance on office.

expression of each countenance was peculiarly indicative of the effect produced. We therefore, for such reasons, recommend solitary seclusion, which will seldom be necessary for more than an hour or so. During this retirement, we must be most careful to administer to all the wants and comforts of the patient. It will make a most favourable and salutary impression hereafter, and pave the way to the best results. When the calm approaches, and the stage of excitement is dying away, we are anxiously to watch the opportunity for that period of repose, when the most invaluable aid can be administered ; and, as has been beautifully expressed by a late eminent physician,* “ if, at this auspicious moment, the intercourse of a discreet friend be permitted, it will cheer the patient’s heart, while by kindness and attention the physician will easily get possession of his returning confidence ; and so induce him to unbosom himself of the disturbed notions which still continue to haunt him. These, although they be founded in palpable error, the physician will not combat, although he will take proper opportunities of hinting his doubts of their reality.”

From the various facts and evidences presented for our consideration, we cannot avoid the conviction, that nothing but a paltry feeling of economy, (too frequently, we fear, the parent of restraint) or mistaken views of the nature of the malady, can reduce us to the necessity of even a modified form of bodily restraint. To the former we are rather disposed to

* Sir Henry Hallford.

attribute it ; and certain we are that, if that difficulty were done away with, we should hear very little of those various contrivances for coercion, many of which are better suited for the brute inaccessible to reason, than the human being whose reason is but disordered. Let us reflect, for a moment, on the serious physical results that must accrue to the frame under such treatment. Place before you a poor lunatic labouring under a violent fit of excitement, moving about in every direction, scarcely a muscular fibre of his agitated system at rest ; and suppose him to be placed under the most strict influence of mechanical restriction: are there not muscular efforts still going on, (the result, recollect, of a now more excited mind) which, though scarcely perceptible to the eye, are more capable of wearing down the physical powers, than if the same efforts were left totally unrestrained and free ? Who has not remarked the excessive exhaustion observable on the removal of restraint ? and when we consider all this, what must be its effects on the organic diseases that are probably going on in the system, and which may be destined to terminate the life of the poor sufferer ? must not the bodily struggles exasperate the physical lesion, which should be a chief object of our solicitude, and is probably only masked by the more prominent symptoms of the disordered mind ?

The above objections to the use of bodily restraint occurred to us frequently during our reflections on

the important question before us ; and in seeking for statistical information to bear out the views we entertained, we availed ourselves of the records of those institutions, where the abolition of restraint had been effected *gradually*, and where almost each successive year witnessed some substantial change, either in the multiplicity of the instruments employed, or in the severity of their application and mechanism, until at last an entire abandonment of their use was arrived at. The question that first suggested itself was, *how far do the physical effects of coercion on the human frame tend to a fatal result?* one of the authorities we consulted on this point, is presented in the very valuable appendix and statistical references attached to Mr. Hill's excellent Lecture, and a most satisfactory reply is there given to our question. If we examine the voluminous returns of the Lincoln Asylum for nine years, attached to that work, we cannot but observe the great proportion of deaths from "*exhaustion*" which took place in the early part of that period, when restraint was carried to such a degree, that more than one half the inmates were reported "under restraint." In the year 1830, of the deaths, six out of eight are stated to have been the result of "gradual exhaustion;" and in 1831, five were reported to have died in the same state out of nine, the total number of deaths. In 1834, it appears that some modifications in the instruments were adopted ; and these, with certain restrictions on the frequency of their application evi-

dently worked out an improvement, as not a single death from *exhaustion* is mentioned in the report for that year. After this, there were more decided alterations in the system of the institution, both as regards the nature of instruments adopted, and the number under restraint ; until, at last, a total abolition of all physical coercion was announced, with the most gratifying results.

And in order to estimate the full value of this example, of the diminution of deaths from exhaustion, in proportion to the relaxation adopted in the system of bodily restraint, we must not lose sight of the gradual increase in the number of patients which took place within the period referred to. In 1830, for instance, the return appears to have been 92 ; whereas in 1838 it amounted to 158 ; and yet the deaths from "exhaustion" in the former year were treble the number of those specified in the latter. In 1831, also, the proportion of deaths from the same cause appears to have been very considerable ; in fact, one fourteenth of the whole number in the asylum appear to have sunk under "gradual exhaustion," and in that year, 40 of 70 patients were reported "under restraint."

But there is another remarkable feature in the same returns, that cannot fail to attract our most serious attention ; we allude to the total disappearance of suicide under the improved system. This would strengthen the opinion advanced by Mr. Hill, and

other authorities, as to the utter inefficiency of even the strictest system of restraint, in preventing such disastrous consequences.* Indeed, we are strongly inclined to think that it may have a directly opposite tendency. We have already appended, in form of a note, an instance where attendants, taking advantage of the unlimited power conferred on them, of restraining patients, were found employed in some frivolous amusement, neglecting altogether the important charge committed to their care; and we have read elsewhere of unfortunate sufferers being driven, in consequence of the horrid cruelties that were perpetrated, to the desperate alternative which alone could save them from their ruthless tormentors. Such considerations are of infinite value, and must materially confirm the objections we have raised to a system of treatment, which would appear to have been as demoralizing to the attendant as it was injurious to the patient.

In following up this part of our investigation, we naturally refer to those morbid appearances met with in the examination of lunatics after death, and enquire how far they may be connected as cause and effect. Foville, for example, has recorded that in five out of six he found diseased heart, especially hyper-

* In the report presented to the Inspectors-general of Asylums in Ireland, by Dr. J. Jacob, for the year 1844, the following statement appears, "I am impressed with the conviction that suicide is more to be apprehended amongst patients treated with mechanical restraint, the use of which is also strongly calculated to diminish the vigilance of the attendants."

trophy ; and we would suggest a similar form of evidence to that just adopted, with the view of ascertaining if such cases have been less frequent under the system of non-restraint. We are all aware of the influence of fear and bodily exertion in producing cardiac disease,* and such facts afford us additional reasons for objecting to a plan of treatment, which would inevitably foster the tendency to such results.

But there is another instance where coercion has been, physically speaking, prejudicial ; we allude to the case where the patient obstinately refuses all food, and will not be overcome in his determination by threats or persuasion. Formerly, the indiscriminate practice in such cases was, to force the wretched lunatic, (whose disorder was probably connected with some gastric lesion) to swallow that which his stomach was unable to bear. The dictates of nature were construed into obstinacy arising from some purely mental delusion, and immediately the iron screwgag, or some such means, was put in requisition to force obedience.† Such was the system adopted in cases where, perhaps, rest, with the application of a few leeches and other remedies, would have restored the diseased organ, and rendered it fit and willing, if we

* It is stated, we think by Corvisart, that during the French Revolution (that reign of terror) the frequency of heart-disease was frightful.

† Mr. Rogers, in his statement, affirms “ that numbers were suffocated in the act of forcing down food, and he gives a case of frightful laceration of the upper part of the mouth, from violence used with the handle of a spoon.”

may use the expression, to undertake its accustomed functions.

Let us not be understood to imply that the refusal to take food does not sometimes arise from other causes besides organic derangement. We know that it frequently originates, in some cases, in a premeditated desire of self-destruction, or some unaccountable delusion ; but even here we shall find that coercion is scarcely, if ever, necessary. We have ourselves known a patient declare that he would not take any food, as he was determined to destroy himself ; and notwithstanding the failure of every description of persuasion, he voluntarily took it in a few hours afterwards, when it was left in the room with him alone. In other cases, we shall succeed by telling the patient that he must not have any food ; as was successfully adopted by Mr. Tuke, who has also succeeded, in very obstinate cases, by bringing the patient into a larder, and leaving him to select for himself. And we have lately heard of a case where every means was resisted, until the food was taken away, and thrown under the grate.

But the evil effects which bodily coercion has a tendency to produce, on the *moral* condition of the insane, is of much more importance ; and notwithstanding the authority* of an individual to whom we owe so much, and who mentions it as having “ a salutary moral tendency,” we cannot acquiesce in a view

* Tuke.

so entirely at variance with our own impressions. It is remarkable to observe the almost universal repugnance evinced to it by the patient. True it is, there are some exceptions to this ; for instance, we have lately heard of a patient, who was so restless at night as actually to *solicit* the use of the waistcoat, in order to be kept quiet ; and in it he felt comfortable. Here there is no *moral* ill-effect ; the adoption of it has become a *voluntary* act on the part of the patient, who consequently cannot entertain that feeling of degradation which physical restraint so generally entails. We also find various contrivances used, to give support to those labouring under epilepsy and paralysis, and prevent any injury from falls or such accidents ; but these cases do not interfere with the force of our argument, and therefore do not require further notice here.

Viewing the effects of restraint in a moral light, we object to it, in the first place, in consequence of that sense of self-degradation which it is so difficult to obliterate from the mind of the patient ; who is, generally speaking, morbidly sensitive, and carries with him an extraordinary recollection of the most trivial occurrence.* Let us not suppose that the

* “ Les aliénés, lorsqu'ils sont guéris, conservent le souvenir le plus parfait de leurs sensations vraies ou fausses ; ils se rappellent très bien leurs raisonnemens et les déterminations qui en ont été la suite, et même la mémoire de tous les plus petits détails acquiert d'autant plus de force qu'ils avancent davantage vers le complément de la santé donc pendant le délire ils avaient la connaissance et la faculté de raisonner.”—*Esquirol*, vol. 1, p. 19.

“ Memory for the most part remains unimpaired through all the stages,

maniac, even under the most violent stage of madness, is insensible to each circumstance that passes before him. Fully aware of every word and action proceeding from those around him, all will remain fixed in that memory which becomes even more tenacious of the past as convalescence approaches.

In the course of last year, a stout athletic man was brought to the Richmond Lunatic Asylum, labouring under acute mania. In his attempts to break through some windows in the neighbourhood of Kingstown, where he had been, he received two large gashes from the glass across the right forearm. One of the wounds divided a considerable part of the inner mass of muscles. On his admission, the parts were properly adjusted with adhesive plaister, &c., which he managed to remove soon after. At the second dressing, we happened to be present, and assisted ; several times he exclaimed, " There is no use, all the blood is out of it. I am determined to die, and I will die." On being asked to take food, he refused, saying, " I won't eat a bit ; I must—I am determined to die." He was then removed to a separate apartment, and food left with him, of which he partook soon afterwards. About a fortnight after this, we saw him ; he perfectly recollected us, and on our asking him if he felt grateful for the care taken of his wound, he replied, " Oh ! of course I do ; it was all right."

and during the highest intensity of the disease, the senses appear to acquire an unusual degree of acuteness and susceptibility."—*Pritchard*.

On our system of treatment, then, must depend whether we generate a feeling of gratitude and confidence,* or one of suspicion and disgust in the mind of the patient. The following case, which we were cognizant of, will elucidate the deep sense of obligation which may be engendered by kind and sympathizing consideration on the part of the medical attendant.

A young lady became insane, and was placed under the care of an eminent physician in this city. It was proposed by some of her friends, (and unfortunately she herself subsequently became aware of the fact) to have her removed to a private asylum. To this her medical adviser strongly objected, preferring to place her apart from her friends, in a private abode in the country. After the lapse of some time she recovered, and was restored to her family, and we have frequently since heard her physician, (who from his successful career in practice must have experienced the fruits of many an impulse of gratitude) state that he never met with an instance where such intense and lasting confidence was reposed in him, as by that

* It is very remarkable how trifling a circumstance (the result of medical treatment) will tend to produce confidence, and promote a rapid progress to recovery. A respectable, middle aged female was under the care of my friend Dr. Mollan, in the Richmond Lunatic Asylum, labouring under an obstinate form of melancholia. Amongst other symptoms, she was particularly annoyed by a spongy state of gums, for which some local applications were used. The state of the gums improved, and she at once became evidently better, and rapidly advanced to recovery from that period.

young lady, in consequence of the delicate consideration he had evinced for her feelings during her malady.

And if, as the above case proves, the humane and sympathising plan adopted is capable of producing such an outpouring of grateful recollection, we can well imagine how, in an equally sensitive mind, an opposite system would be productive of a state of moral degradation and distrust, most difficult to be effaced. What it is that causes the repugnance in some to return to society after convalescence, we do not pretend to say, but we can very well imagine how the recollection of scenes of harsh and degrading restraint would tend to that result.*

Did our limits permit, we would dwell on some very striking peculiarities of the memory in cases of insanity. In some instances, circumstances of very distant date are recollected, when perhaps occurrences of the previous day are not retained. Some months ago, we saw a patient who perfectly recollected the execution of the Sheares in 1798, but could not tell what he had taken for dinner the previous day ; nor how long he had been in the asylum. Again, we sometimes find that faculty chiefly occupied in preserving a recollection of the merest trifles ; as in the following example.

* Plusieurs à cause du souvenir qu'ils en conservent, n'osent se montrer en public, rénouer leurs anciens rapports, craignant, qu'en rentrant dans le monde, ils ne soient un objet de curiosité, de commisération, et de défiance, ce qui blesse leur amour propre, et les humilie.—*Esquirol*, page 97, vol. 1.

A young girl, who had been some time insane, was visited by her medical attendant, in company with myself and another, whom she immediately recognized with some indignation, in consequence of his having three months before told her, jokingly, that she had rather a long nose !

Our friend Dr. Mollan has given us a remarkable instance of retentive memory in an organist, who had been insane for fourteen years, after which period he was able to play the most beautiful airs without missing a single note. In some, the memory would appear to be a mere blank ; but in no case ought we to act on this presumption, but, in the words of Mr. Tuke, “ treat the patients as rational beings.”

Even in the most hopeless cases, there appear to be doubts entertained as to the fact of the intellectual faculties being totally annihilated ; and such being the fact, a common feeling of humanity ought to dictate a constant care on our part, to avoid any harsh act or expression, calculated to excite or irritate. Alluding to the state of fatuity, Dr. Pritchard remarks that some in this condition “ have comparatively lucid intervals, in which nature seems to light up the mind, and recal lost impressions and ideas ;” and the same author relates a case, where the patient had been in a state of fatuity for years, “ but occasionally appeared to rouse himself, and for a short time to recover an unusual degree of animation. At such periods he will sometimes read a chapter in the Bible,

with a clear voice, and a distinct and intelligible articulation. Such occasional variations in demented persons are not," he adds, "unfrequent." We have ourselves known a man in extreme fatuity answer, "yes," or "no" to questions put *loudly* and *distinctly*, but immediately afterwards he relapsed into his former condition. We also recollect another, (an epileptic) who, when asked a question, would turn round to the keeper, and attempt to articulate with a drawling tone of voice. A very extreme case is given by Tuke as related to him by a medical friend. "A girl became idiotic,* and remained so for years; she contracted typhus fever, and was entirely rational. She knew her master and his son, who happened to be her medical adviser. She told many occurrences of her early days; but when the fever abated, she relapsed into her former state of imbecility." This case was told to Mr. Tuke, to prove that even in idiotey the mind may be rather suppressed, and not destroyed. At all events, whatever credence we may be disposed to give to such instances, we cannot be too cautious in avoiding every word or act of harshness, which, for aught we know, may be piercing as an arrow to the heart of the poor mania.

There is peculiarity, almost characteristic, amongst the insane, which we must not omit in weighing the

* This case is improperly called idiotic, a term which ought strictly to be confined to *congenital* cases. It was rather an instance of extreme dementia verging on fatuity.

evil tendency of bodily restraint and punishment. We allude to that marked propensity to undue suspicion evinced by the patient—a distrustful feeling of apprehension and alarm, which it is most difficult to overcome. “Cette aliénation morale,” observes M. Esquirol, on referring to it, “est si constante qu’elle me paraît un caractère essentiel de l’aliénation mentale;” and so strong is it in some instances, that we observe at times a desire to avoid even the nearest relatives. “Ce mélancholique,” writes the same author, “adore son épouse, mais il est sourd à ses avis, à ses prières. Ce fils immolerait sa vie pour son père; mais il ne fera rien par déférence pour ses conseils, dès qu’ils auront son délire pour objet.” And with such knowledge, so graphically laid down, we find the same authority has recorded his support to a system of bodily restraint, instead of giving the entire force of his powerful influence, to the encouragement of a plan calculated to do away with the above peculiarity; or, as we may call it, *symptom* of the disease; by the observance of a kind and humane sympathy, which would gain the confidence of the patient, and impress on him the sincerity of the motives of those around him. But what would appear to be the consequence of M. Esquirol’s plan? The reply is but too manifest, from the following remarkable passage, translated by an eminent writer,* from an abstract given by M. Georget of the disquisitions of Pinel and

* Pritchard.

Esquirol, viz.:—"As long as each person continues insane, he looks on the director and inspector of the establishment as *accomplices* in the power which has deprived him of his liberty, and upon the attendants as *inhuman jailors*. The directors, the inspectors, and the attendants will invariably be objects of prejudice, suspicion, and hatred to the patients; they will receive abuse, and often blows from them." Independent of the undoubted authority from whence this account proceeds, we can at once, considering the circumstances, fully imagine its accuracy. A remarkable instance has been recorded by Mr. Tuke, where "an inexperienced attendant was guilty of some severity towards a patient in the Retreat, who beat him severely, and was more violent and vindictive afterwards." And although M. Esquirol put very stringent limits on his system of restraint,* still we are convinced that even a mitigation of the plan must lead to the state of things pictured above. If the attendant be in any manner accessory to the infliction of severity, he cannot obtain the confidence of the patient, he will be, as stated above, "an object of prejudice and suspicion," perhaps "of hatred."

Considering this, as well as other peculiarities of the disease, it also becomes obvious that we cannot be

* Esquirol advised that coercive means should not be resorted to until the mania risked his own life, or the lives of others, and even then be only temporarily so, and laid aside as soon as possible. He also observed, that the more liberty that is granted, without compromising the safety of the patient, the fewer have been the cases of furious mania.

too guarded in our mode of conversing with the insane.* There is a kind and gentle manner of speaking to, and reasoning with, these poor creatures, that experience alone can teach; and well has it been observed by a distinguished writer,† that “the address which is acquired by experience, and constant intercourse with the insane, cannot be communicated; it may be learned, but it must perish with the possessor.” A trifling species of familiarity is most offensive to the patient, who, oftentimes over sensitive on his condition, will imagine it to be intended as a species of ridicule. With respect to speaking to him on the subject of his illusions or hallucinations, considerable tact and judgment are required. The general impression is, that it ought to be avoided altogether; and we accordingly find it laid down by Dr. Burrowes, that “to reason with a lunatic is folly; to oppose or deny his hallucinations‡ is worse.” At all times there is a natural

* Amongst the extracts from the revised rules appended to Mr. Hill’s Lecture we shall find an admirable order on this point, connected with the duties of the attendants, viz.—“The attendants shall not unnecessarily converse with the non-convalescent patients, and shall speak principally in *reply* only, and shall especially avoid the subject of their delusions. They shall not incautiously speak of any patients in their presence, nor on the subject of insanity, nor unnecessarily do any act the remembrance of which may be hurtful to any patient’s feelings or convalescence.”

† Tuke.

‡ With reference to those hallucinations or false notions, we may remark that it is urged on authority, hereafter to be stated, that the presence of one or more of them is not essential to madness. It has been laid down by Loeke, that “madmen do not appear to have lost their faculty of reasoning, but having joined together some ideas very wrongly, they mistake them for truths; and they err as men do, who argue right from wrong premises.” This definition, which infers some illusion as characteristic of

and becoming disposition to rely on whatever may proceed from so high an authority ; nevertheless, we cannot avoid passing some stricture on this, as we conceive, too general rule. We certainly have known a simple mode of reasoning and conversing weaken, if not do away with delusive impressions. Many who would manifest considerable obstinacy, we have heard conclude their remarks by saying, " Well then, say no more about it ;" or, " You'll hear no more about it ;" or some such observation ; and we have witnessed others suddenly give up such impressions, and, on a promise being made, not recur to them. At the same time, much discretion is required here, to avoid the

insanity, prevailed very generally until impugned by subsequent writers, amongst whom is Mr. Pritchard, who has described a form of insanity in which the intellectual faculties are little, if at all, involved ; but the disease is manifested principally or alone in the state of the feelings, temper, and habits, one or all of which appear to become depraved and perverted. Self-control is lost or impaired, and although an extraordinary quickness may appear in the power of reasoning, still the capability of conducting the routine affairs of life with decency or propriety is lost ; and in fact a morbid change appears to have pervaded most or all of the better feelings, habits, affections, and inclinations. Such is the *moral insanity* of the distinguished author referred to. He adduces the support of the older nosologists, viz. Sauvages, Sagar, and Linnæus, who formed a distinct division, styled, *morositates or morbi pathetici*, consisting of depraved appetites, feelings, &c. Pinel also gives support to this opinion, and terms the affection, " *Emportement maniaque sans delire*," and the views of M. Esquirol are also brought forward to confirm it. The question involved in the above is most important and interesting ; we shall find it amply discussed in Pritchard's celebrated work on Insanity. But whether the condition referred to really constitutes a distinct form of the disease, or, as M. Georget has described it, merely the stage or *period of incubation*, admits of considerable doubts, which we do not as yet feel ourselves competent to discuss. Certain it is, that an alteration in the *moral* qualities is frequently the precursor of mental derangement.

nisehief that might result from an injudicious contradiction.

In concluding this part of our observations, we cannot but notice a condition which strengthens very considerably the position we have endeavoured to maintain. It unfortunately is the fact, that lunacy very generally entails a proneness to moral degradation, and a falling off of those finer feelings, which were so inherent in the patient previous to the accession of the malady. And not only in this respect do we observe an alteration, but also in the general personal appearance there is a change that cannot have escaped our notice. The individual who before, probably, presented the demeanour and intelligence resulting from a refined and polished education, now affords a mean and slovenly aspect, oftentimes becoming filthy and disgusting in the extreme. More than once, on visiting these poor creatures, have we experienced a feeling of astonishment, mingled with melancholy, on being informed that such a patient was the son of respectable parents, and had been afforded the fullest advantages which education and society could give; and that another had been once accomplished, and possessed all those finer feelings so characteristic of her sex. And this, recollect, does not proceed from any neglect or mismanagement, but is, as it were, an accompaniment of the disease.*

* Such, however, is not always the case. Some time ago, we saw a patient in the Richmond Asylum, who had been insane for a long time, and

With this also in recollection, and daily before our eyes, can we expect that so debased a condition is to be improved by a system of mechanical coercion and punishment? Ought we not rather take advantage of those higher qualities, which may not yet have become extinct, availing ourselves of the valuable precept laid down by the humane and enlightened Tuke, who cautions us “not to consider the insane as absolutely deprived of reason, or, in other words, as inaccessible to the motives of fear, hope, feeling, and honour; but rather to look on them as children with too much strength, and who make a dangerous use of it.” Of the existence of the motives of honour in a lunatic, Esquirol has given a remarkable example; and we shall offer an abridged account of it here, as it affords a valuable hint in our treatment.

A general officer, who had been in the French army, and served at Waterloo, after the fall of Napoleon retired to the country, and married a young wife. Subsequently he became insane, and being naturally jealous in his disposition, this failing unfortunately increased with his malady. Suspecting the loyalty of his wife, he attempted suicide on several occasions. Various means were tried to dissuade him from his wicked purpose, but without effect. At last, on becoming worse, he was put under the care of Esquirol,

yet preserved all her former delicacy and demeanour. The sympathizing and kind manner evinced by the medical officers of that establishment towards the patients may contribute in some degree to this.

who extracted from him a promise that he would not repeat his attempt. The promise was made and faithfully observed, and he often afterwards informed M. Esquirol, that on more than twenty occasions he took his cravat to strangle himself, but was prevented by the recollection of having pledged his honour, which as a military man was so dear to him.

In carrying out the principles we have endeavoured to advocate, it is of essential importance that the architectural plan and internal arrangements of institutions for the reception of insane persons be attended to. And we consider an allusion to this matter by no means irrelevant to our subject, inasmuch as it cannot be denied, that the sense of restraint felt by the patient may be considerably modified and relieved, by the appearance of the place in which he resides. Indeed, on this very account, it has occupied a considerable portion of public attention, that has led to the greatest benefit ; and such have been the improvements of late, that we cannot now promise to offer anything additional or novel on this point.* In former times, it was usual to construct the buildings for the recep-

* It is unnecessary to enumerate the writers who have applied themselves to this important subject. Information is given on it by all the leading authors of the day. But we would particularly point out Mr. Samuel Tuke's translation of Jacobi's work, "on the principles and directions for the erection of suitable buildings for an hospital for the insane." And in the Lectures published in this year's *Lancet*, by Dr. Connolly, "on the construction and government of Lunatic Asylums," we are furnished with most abundant and useful information as to the more modern improvements connected with this part of our inquiry, which we regret to state our limits oblige us to dwell on so briefly.

tion of the insane, similar, in every respect, to prisons for criminals ; and it is unnecessary to state the very prejudicial effects produced by such a plan on the minds of the unfortunate inmates. Instead of glazed windows, there were bars and shutters of iron ; so that when it was desired to avoid the inclemency of the weather, it was necessary to exclude the daylight altogether ; and when the daylight was sought, the wretched patient was exposed to perhaps the harsh winter's blast, whistling through his dismal cell. Hence followed the horrid results recorded. Mortification of the extremities, consequent on the cold and confinement in damp cells, was, according to Haslam, frequent at Bethlem ; and was also prevalent in the private asylums in England. Pinel confessed that scarcely a year passed without some fatal cases of the kind at Bicêtre. Whereas, in the York Retreat, under the improved system subsequently adopted, we find, according to Tuke, that such results were hardly known, and never as connected with cold or want of exercise. To obviate these evils, we should combine every necessary provision for comfort with due security. For instance, in order to take away all appearance of a prison, we may adopt, instead of the clumsy iron bars crossing the window-glasses, either sashes of cast iron, or, as we have observed in some parts of the Richmond Lunatic Asylum in this city, metal sash-work external to the ordinary window frames, and corresponding to them. The deception is admirable,

and we must confess escaped our observation for some time.

In selecting a position for an institution of the kind, we should endeavour to have it as cheerful as possible, airy and salubrious. Let the ground be laid out in such a manner as to provide every possible concealment from the mind of the patient, of its being a place of confinement; and let it be as like that attached to a private residence as circumstances will allow. Here may be allotted employment* for the patients, that will not only improve their physical condition, but also assist in drawing them away from their delusions. Sir William Ellis gives a remarkable instance of a man bent on suicide, but who was averted from his purpose by the occupation his mind had in building a moss-house, and it appears there was no danger apprehended from entrusting him with tools, he being of course under proper surveillance. Patients even in the most hopeless state of dementia may, according to Pritchard, be usefully employed. We shall generally find the insane willing to work, although they are sometimes opposed to it. The benefit of mental occupation was well exemplified in an individual labouring under great depression of mind, whom Dr. Reid recommended to engage in the composition of a novel, and with the best results.

* The *abuse* as well as the *use* of employment amongst the insane, has been very ably discussed by Dr. Connolly in his Lectures recently published. — *Lancet*, August 15th, 1846.

Workshops may also be instituted, for the purpose of mechanical labour, and we see no reason why bazaars should not be connected with every asylum for the sale of the articles manufactured, the proceeds to be applied either to the liquidation of the ordinary expenses of the house, or to the purchasing of suitable rewards for the more industrious patients. Such has been established at Hanwell, and Sir William Ellis states that at the end of the second year, the profits were sufficient to purchase an organ for the patients.*

The interior of the building must be planned in the same design as the exterior—comfort, combined with due security, and the avoidance of everything denoting restraint as far as possible. Let us always endeavour to impress on the inmates, that they are in an ordinary hospital for the improvement of their health, and that their discharge is to follow the attainment of that object. Until that period shall have arrived, let us, by a kind and sympathizing treatment, smooth down the effects of those depressing recollections which might otherwise follow them on their dismissal, and let us strive to imprint in their place, the remembrance of benefactors left behind. This is the *animus*

* Although it happens that the great proportion of inmates in the District Asylums in Ireland consists of incurable cases, we find by the Reports of the Inspectors-general, that in the year 1843, of the total number of inmates, amounting to 1160, “considerably more than four-fifths have been employed industriously;” and that “the total net produce of their labour amounted to £1,609 6s. 4d.,” and in the following year, an increase of £271 18s. 8d. was announced by the same authorities, which has been attributed to the marked improvement in the general health, and the increased proportion of cures.

that ought to influence the medical superintendant of an hospital for the insane, and we have lately had many and most gratifying proofs of its excellent effects in a neighbouring institution,* we have been so often obliged to refer to as the source of much useful knowledge. To dwell on the assiduous anxiety evinced by the gentlemen† placed over that establishment, would be presumption in us ; and we therefore leave to them the high and noble gratification, which must result from the inward conviction of the good that has been achieved under their government.

A library of well selected books will be a great acquisition to such an institution. It will assist materially in that religious and moral instruction which ought never to be lost sight of. What is inculcated in the asylum may effect a lasting impression for good or for evil, on the mind of the patient, when he shall have passed its walls. Sir William Ellis gives a most striking case of a woman, aged 45 years, “ who lived in one of the manufacturing towns, and kept a brothel ; her husband was a receiver of stolen goods. She was admitted into Wakefield Asylum in a state of furious mania, from drunkenness. After the violence of the paroxysm had abated, it was found that she was as grossly ignorant of the vital truths of Christianity, as she was depraved and abandoned in her conduct. As she began to recover, she was in-

* The Richmond Lunatic Asylum.

† Dr. Mollan and Surgeon Blood.

duced, in the first instance, probably as much from curiosity as from any other motive, to attend morning and evening family prayers. Light by degrees broke in on her mind ; she saw the dreadful consequences that would inevitably result from the life she had been leading ; and determined, by the help of God, to amend it. She remained in the asylum until she was perfectly restored to sanity ; and was so confirmed in the views she had imbibed on religious subjects, that, on her return home, she not only gave up all her vicious ways, but had sufficient influence to reform her husband."

The selection of proper attendants cannot possibly engage us too much. We must recollect that they are to be the companions of our patients ; and it is necessary that they should possess a full measure of all those humane and benevolent feelings which can alone fit them for the office. The duties are indeed serious, and the responsibilities attached thereto cannot be too strongly impressed on those who undertake them.

M. Esquirol recommended convalescents as keepers. To this we object, recollecting the various relapses that occur, in consequence of patients being left in the asylum after the period they are pronounced fit for discharge. Dr. Mollan relates two cases of relapse ; one was a male, the other a female. The latter had been declared cured, but she remained as an attendant for seventeen years, discharging her duties remark-

ably well ; but at the termination of that period, she fell into a state of melancholia. The former was not so decided a case as to the *cause*, he having received some bodily injuries from the patients before he relapsed.

In bringing to a conclusion the foregoing remarks, we cannot conceal the difficulties we felt on undertaking the task. The points on which we entertained a doubt, we sought to clear up by personal observation from the book of nature. The results may be imperfect ; but, nevertheless, the fountain from whence they are derived must recommend them. An honourable encouragement was held out by a distinguished individual* to the College of Surgeons in Ireland, to prosecute the investigation of the question involved in “the use and abuse of restraint in the management of the insane ;” and duly appreciating the proposed distinction, we were induced to submit to the appointed tribunal the opinions we had arrived at, after the most careful examination of that important subject. And although it might, perhaps, have been more interesting to have followed up some ingenious and speculative theory, we could not but recollect that if such had been done, the object originally set out with must have been lost sight of. We therefore concluded that the fruits of experience, however limited, would, considering the magnitude of the

* Sir Edward Sugden.

question, be more acceptable, than that which, although at first novel and attractive, might in the end prove barren and unproductive of good.

THE END.

P. S.—The author has omitted three statistical tables, which were in the original M.S. ; but the conclusions deducible therefrom are given in the text.

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